“EFFECTIVENESS OF PARENTING SKILL PROGRAM ON CHILD’S ADAPTIVE BEHAVIOR, PARENTAL SELF-EFFICACY AND MENTAL WELL BEING AMONG THE PARENTS OF CHILDREN WITH INTELLECTUAL DEVELOPMENTAL DISABILITY IN SELECTED SPECIAL SCHOOLS OF DELHI.’’

SYNOPSIS SUBMITTED

by

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"Effectiveness Of Parenting Skill Program On Child's Adaptive Behavior, Parental Self-Efficacy And Mental Well Being Among The Parents Of Children With Intellectual Developmental Disability In Select

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DECLARATION

I hereby declare that the synopsis entitled **"**A study to assess effectiveness of Parenting Skill Program on child's adaptive behavior, parental self-efficacy and mental well-being among the parents of children with Intellectual Developmental Disability in selected Special Schools of Delhi**."** is my own original work and it has not formed the basis for the award of any degree, diploma, associate ship or fellowship of similar other titles.

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Introduction

Census 2001 showed that over 2.19 Million people suffering with all type of disability, i.e. about 2.13 % of the total population. The prevalence for mental disability was found 0.22 percent. Males in rural area have more prevalence rate than the females in urban area. According to Census 2011, WHO reported that 15.3% World population suffered from one or other type of disability. In India, the proportion of disable person was 2.68 percent. The population for disable person has increased by 22.4 percent between 2001 and 2011. In the 2011 Census, the highest number of disabled person has been reported in Sikkim whereas Daman & Diu has lowest numbers of disabled. NCT of Delhi and Uttar Pradesh share 1.4 %, 2.08 % respectively disable children to all India disable children (Social Statistics Division, Ministry of Statistics and Program me Implementation, Govt. of India).[1]

Intellectual Developmental Disability (IDD) is a neurodevelopment disorder and chronic condition in which there is disturbance in intellectual and adaptive skills that affects the activity of daily living. (According to American Psychiatric Association 2000 or American Association of Mental Deficiency1973). Intellectual disability is defined by Intelligent Quotient score approximately 70 or below 70. Adaptive skills refers to everyday life skills (such as bathing, dressing, grooming, feeding oneself), communication skills, social skills, motor skills, daily living skills, academic skills (reading writing, learning), health and safety. Children with intellectual disability are deficit in these skills. IDD also known as Intellectual Disability or General learning disability or mental retardation. Intellectual Disability present from birth or early childhood or before the age of 18 Year.[2]

The increased burden of these neurodevelopment disorder in children has increased parental care giver burden as well. Disable children's parents life is more stressful than the parents of non-

disable children (Rodrigue et al 1990, Dyson 1993,1997, Roach et al 1999). Parental stress also affected by the severity level of Intellectual Development Disability (Minnes 1988). Parents of Intellectual Development Disability children are subjected to social embarrassment, stigma and unable to identify the unique needs of their children. Caring Intellectual Developmental Disability is one of the most challenging task for the family and primary caregivers. This type of disability impairs the family functioning which cause the devastating effect on psychological and physical health of the family member. Research also revealed that in India impaired pattern of family functioning of children with disability is because of maladjustment, lack of security, love, emotional distress, feeling of guilt, poor decision making strategies.[3]

Family is the most important for every child. Birth of child with Intellectual Developmental Disability is the most dreadful situation for any family. Children with intellectual disability and their parents face a lot of problems in family, society or in community. Also the society has the negative attitude towards their disability. This stressful situation causes the parents to decrease ability to deal with any the situation, also not able to use the personal and social resources properly. Family including both parents, brother, sisters, siblings, others members very supportive and caring for them. Because disabled children require more concern and care than normal child. It is very important for the family to identify their unique needs and should have proper understanding about the disability of their child. Parents should spend their maximum time with disabled child. Parents should involve their child with the society, schools as well as with other people. Also parents have to be confident in their ability to play the parental role. In this way they can make the child life successful and self-independent.[4]

Basically children with intellectual disability are deficit in 4 domains such as communication skills, academic skills, social skills, everyday life skills. But if the children with intellectual disability are particular deficit in communication skills, their mother's were having more stress than the others (Friedrich et al 1985, Konstantareas & Homatidis 1989; Quine & Phl 1999).[5]

National Centre for Promotion of Employment for Disabled People (NCPEDP) recommended the parenting skill intervention module for the parents and teachers of the disabled person. With this psychosocial intervention, they can modify the child's life. (WHO) Practice of these Parenting Skill Program (behavioral skills), change the parent's perspectives' about their children disability and also enhance the personal and parental self-efficacy that helps to improve the family functioning. So, parent skill training improves the quality of parenting and helps the parents to modify their children inappropriate behavior through learning of behavioral theory.[6,7]

Need for the study

Every parent wants healthy and beautiful child and also expect their bright and successful future. But the child with any type of disability make the parents shocked and upset. And it is very traumatic event for the parents. Because handling of the child with intellectual disability is not easy task. As they are very unique and special children, so these children need more care and concern and they become the great responsibility for their parents. Children with intellectual disability are having deficit and limited in their adaptive skills. Also, children with disability not able to communicate, socialize with others, not able to perform the academic task even not able to complete their everyday life skills like how to brush the teeth, get dressed, groomed, tie the laces of shoes etc. Parents of often experience anxiety, depression and psychological distress because they are unable to cope up with the situation. As parents and their children are subject to

stigma, isolation and discrimination. Because of society neglect, they are having very less expectation to raise their child. In this way they are not able to understand the child special needs so not able to provide the proper care. Researcher wants to give this intervention to parents because parents has the first and most influence on their child from early as well as in late life. So, through this training, parents' can able to develop the confidence in their ability to play the parenting role effectively. Parenting skill not only make the parents confident in their capability but also they are able to teach their child the daily life adaptive skills. This training program is very necessary to give to the parents of children with disability because it indulges the positive motivation, positive guidance and enthusiasm in parents to bring the child on right or appropriate track. This training program also improve the family dysfunction because the children with intellectual disability need more attention, more care and now they are responsibility of everyone in the family. Parents specially mother often experience more stress than other family member. So, with this training, they can modify their inappropriate behavior with enthusiasm

Majumdar, M., Pereira, Y. D. S., & Fernandes, J. (2005) conducted a study on stress and anxiety in parents of mentally retarded children in Child Guidance Clinic at Institute of Psychiatry and Human behavior, Goa. 180 study participants included and divided into Group A (60 parents whose children were profound to moderately Mentally Retarded), Group B (60 parents whose children were mild to borderline Mentally Retarded) and Group C (60 parents whose children were having normal intelligence) and were under the control group. Family Interview for stress and coping (FISC) in Mental Retardation and Hamilton Anxiety Rating Scales (HARS) used. Result reflects that when anxiety level studied in couples of Group A, it was found that mother's anxiety level was higher than father. Perceived stress is directly related to anxiety in all groups except group C's mothers.[8]

McIntyre Laura Lee (2008) proposed a randomized controlled trial on assess a parent training program for caregivers of preschooler (2 to 5 Years) with development delay in two counties in New York State (From March 2005 to September 2006). 57 families were recruited on phone in which 49 families met inclusion criteria. At last 44 families (3 dropped and 2 left) included in the study (21 Experimental and 23 control group). Experimental group families receive group (8 to 12 members per group) based parent training for 12 week 2.5 hour whereas control group receive causal care. VABS, Child Behavior Checklist, Family Impact questionnaire, Parent- Child interaction Observation, Combined Inappropriate Behavior Index, Consumer Satisfaction Questionnaire, Child Directed Praise Index were used. The result of the study revealed that parent training program was very effective for children (2 to 5 Years) with developmental disability and also helpful in decreasing the inappropriate parent- child relation as well as behavioral problem in children.[9]

Parents of Mentally retarded children confront social isolation. They are not able to understand the unique needs of a child with a child. Thus, not able to provide proper care to their child.

They have less expectation to raise their child. Parents need to be modify their expectation.

Machalicek Wendy, Lang Russell Lang & Raulston Jane Tracy proposed a study on Parents Training to the parents of Intellectual Disabilities Children, Trends, Issues, and Future Directions. Researcher also found the parents of mentally retarded children are prone to stress, anxiety and depression. This study also concentrated on behavioral and psychosocial part because that is important need for parents as well as for of mentally retarded children. Researcher reviewed the different studies and found the various training techniques like

Behavioral parent technique (role play, modeling, shaping, feedback, practice), Triple P Program are effective for the parents of mentally retarded children. Researcher also recommended the future research must be conducted on parent education program to individual and group.

Review of literature

a) Review of literature related to Parenting skill Program
b) Review of literature related to mentally retarded child's adaptive behavior
c) Review of literature related to Parental self-efficacy
d) Review of literature related to Parental mental efficacy

Singh Kuldeep, Kumar Raj, Sharma Nov Ratta, Nehra Dhaemender Kumar (2014) proposed an exploratory study on burden of parents with mental retardation. The study included 100 parents in which 50 were selected from psychiatric department and 50 parents were taken from dental department. Socio demographic data and Family Burden Interview Schedule were used as questionnaires. The result of this study revealed that more stressed and burden was seen among parents of children with mental retardation. Mental and physical problems were more common in the parents of children with Mental Retardation as compared to parents of healthy children[10].

Mohammed Imad H., Dr. Khalif Mohammed F., Dr. Hussein Hassan A. conducted a descriptive-comparative study on needs of parents of mentally retarded children throughout their lifespan in both public and private sector institutes of mental retardation in Baghdad City from January 22nd to August 20th 2016. 112 parents were selected by purposive sampling technique (56 in public sector and 56 in private sector). Structured interview technique, Primary data questionnaire and Parent need scale used for data collection. The result of the study found that cognitive, physical

and social needs were very important in both public and private sector. These needs were not influenced by age, gender and degree of disability. In private sector, Father's occupation has an impact on social needs whereas in public sector, father's education has impact on cognitive needs[11].

Khoshali Afsaneh Khajevand conducted an exploratory study to identify the problematic behavior of mentally retarded children. Researcher with the help of interview technique found the 140 of mild and moderate mental retardation children (3-14 years) with behavior problem. Demographic baseline data and 'Daily Activity Log Schedule' and 'Behavioral Assessment Scales for Indian Children with Mental Retardation (BASIC-MR) were used. The result of the study found that hyperactive behaviors are more common and violent and destructive behaviors, misbehavior with others, odd behaviors, and rebellious behaviors were less common[12].

Francesca Cuzzocrea, Rosalba Larcan proposed a study on efficacy of parent training to parents of mentally retarded children. 14 parents between the age group of 35 o 47 Years (7 for Experimental Group and 7 for Control Group) were selected. The data was collected by Observation method (parent – child interaction through video), structured Questionnaire for parents reported their child behavioral problems, Parent Symptom Questionnaire (PSQ), Parenting Skill Questionnaire, Parent Stress Index (PSI). The result of the study revealed positive parent child interaction was consistent and persistent after administrating parent skill training in experimental group as compared to control group. Researcher also reported that parents were able to manage their child inappropriate behavior after this training. Hence, able to resolve their child related stress[13].

Mushtaq Amina, Inam Attiya, Abiodullah Muhammad (2015) conducted a study on Parents Attitudes towards problem Behavior of Intellectual Disability Children in University of the Punjab, Lohore Pakistan. 74 parents (of which 30 fathers and 44 mothers) of children with intellectual disability was selected through convenience sampling. Structured interview schedule The result of the study revealed that parents of children with intellectual disability were having positive attitude towards their children. Parents especially mothers were having positive attitude towards their children as compared to father. There was no association of negative father and mother attitude towards their children with intellectual disability. And some of the parents felt insecure towards their children with intellectual disability[14].

J. Leano (2015) conducted a co relational study on degree of parental support and level of adaptive skills of mentally retarded children. The study included the 10 teachers between the ages of 20- 29years and 13parents who were fall in age group of 30 – 39Year). Parental support and child's adaptive skills checklist (Jabay) was used. Result of the study showed that parent supported their mentally retarded children in social work, activity of daily living and community living activities whereas less support in Home Living Activities. Result of the study also reflects that some of mentally retarded students are not good at managing their adaptive skills. Study found the positive correlation between home living task and child's adaptive skill. Functional living skills, community living activities and Social Living Activities were not associated with the child's adaptive skills[15].

Heyman, M., & Hauser-Cram, P. (2019) conducted a longitudinal study on impact of family environment on adaptive skill of children with developmental disabilities. 170 children with varying degree of mental disabilities (Down syndrome, motor impairment, and others) were included in the study. Demographic data relatd to child and family, Parenting Stress Index, child domain scales (child adaptability, demandingness, and mood), Nursing Child Assessment Teaching questionnaire, Kohn Problem Checklist, Teacher Version of the Child Behavior Checklist, Vineland Adaptive Behavior Scales-Classroom, were used. The result of the study revealed that better home environment condition and mother child interaction brought positive effect on adaptive functioning of the children with disabilities[16].

Problem Statement

Effectiveness of Parenting Skill Program on child's adaptive behavior, parental self-efficacy and mental well-being among the parents of children with Intellectual Developmental Disability in selected Special Schools of Delhi.

Aim

To strengthen the parenting skills and improve the child's adaptive behavior, parental skill, self-efficacy and mental well-being.

Objectives:

1. To develop and implement the parental skill program to the parents of children with intellectual developmental disability

2. To assess the child's adaptive behavior, parental skill, self-efficacy and mental well-being.
3. To determine the effectiveness of parental skill program on child's adaptive behavior, parental self- efficacy and mental well-being.
4. To find out the association of child's adaptive behavior, parental skill, parental self-efficacy and mental well-being & demographic variables.

Hypothesis-

The hypothesis will be tested at the level of 0.05 significance

H_1-There will be significant difference between the mean pretest and posttest level of child' adaptive behavior, parental self- efficacy and parent mental wellbeing at the <0.05 level of significance.

H_2-There will be significant correlation between child's adaptive behavior, parental skill, parental self-efficacy and mental well-being at the <0.05 level of significance.

H_3-There will be significant association between child's adaptive behavior, parental skill, parental self-efficacy and mental well-being & demographic variables at the <0.05 level of significance.

Assumptions-

1) The sample will be true representation of target population.
2) Parents may not have the knowledge about parenting skill program.
3) Parenting skill program may be helpful in improving the child's adaptive behavior, parental self-efficacy and parental wellbeing.

4) Parents may not be skillful in managing the inappropriate behavior.
5) Child's adaptive behavior, parental self-efficacy and parental well-being may vary with the selected demographic variables.

Research Variables-

1. **Independent Variable-** Parenting Skill Program
2. **Dependent Variable-** Child's adaptive behavior, parental self-efficacy and mental wellbeing.
3. **Socio demographic Variables-** Age (Parent's and Children), Gender (Parent's and Children), Religion, Types of family, Place of residence, Parents' marital status, Have you attended any Parenting Skill Program previously.

Operational Definitions

Effectiveness

Effectiveness refers to at what extent the parent skill program helps the parents to improve parental skills as measured by parental skill and parental self-efficacy scale.

Parental skills Program

It refers to the psychosocial intervention which is based on the learning theory of behavioral techniques that is used to develop the necessary skills in parents to manage and modify their child's inappropriate behavior.

Parenting Skill Program

Session I- Introduction, Familiarization of group, Objectives of study, significance of training and follow up, Preliminary assessment through introducing questionnaires.

Session II-

Observation- Child alone

Child with parents

Child with others

Child with familiar surroundings (School and Home)

Child with unfamiliar surroundings (park)

Child with special needs child.

Need based intervention will do (Find out by this observation)

Session III-

Identification of inappropriate behavior (Child behavior checklist)

Behavioral techniques to decreasing inappropriate behavior**.**

1) Ignoring
2) Negative reinforcement
3) Give and take (Bargaining Method)
4) Timeout
5) Restitution
6) Response cost

Session IV- Behavioral techniques to increasing appropriate behavior and for self-help skills.

1) Prompting
2) Fading
3) Modeling
4) Reinforcement
5) Reward (positive attitude, positive reinforcement)
6) Role Playing
7) Chaining
8) Limit setting
9) Repetition and Drill Method
10) Task analysis skill

Session V- Social Skills (Peer relations, self-management, school adjustment, compliance, social initiation)

Greetings, asking for a toy, sharing a toy, initiating toy, passing objects, appropriate touching, using names of others

1. Edible reinforcement
2. Praise

Session VI- Termination and Conclusion

Methods-Discussions, Assignments**,** Role Playing Practice**,** Rehearsal**,** Videos and Performance Feedback

Child Adaptive Behavior

It refers to at what extent child able to perform their self-help skills like communication skills, social skills, concept building skills, maintenance of health and safety independently.

Adaptive behaviors include

1) **Self-help skills** such as Cleaning, grooming, bathing, dressing, and feeding self.
2) **Communication Skills** – verbal and nonverbal skills.
3) **Social skills-** Communications with others, friendship, expressing emotions and following rules and regulations.
4) **Concept Building Skills**- Color, shape, size.
5) **Health and safety-** Ability to protect one's self, responding to health problems, Avoiding danger, Safe food handling practice, home accident, burn.

Parental skill

It refers to parenting practice and parental way of care in parents of children with IDD as measured by structured parental skill scale.

It refers to performance of activities by the parents whose children are having IDD.

Parental self –efficacy

It refers to ability of parent's to perform the set of activities (child's basic life skills, communication skills, social skills, maintenance of health and safety) as measured by structured Parental self-efficacy scale.

Parental Mental well Being

It refers to state at which parents are able to manage and cope with their normal stress and lives happily and successful life.

Intellectual Developmental disability

It refers to the children with intellectual developmental disability who are not deficits in two or more adaptive behaviors that affect their everyday living.

Parents of Intellectual Development Disability-

It refers to those parents who are having children with Intellectual Development Disability**.**

Methodology

Research Approach- Quantitative Approach

Research Design- Quasi Experimental and Time series design.

Time series design

Exp	1st	2nd	3rd	X	1st	2nd	3rd	6th	12th
Control	1st	2nd	3rd		1st	2nd	3rd	6th	12th

Research Setting- Selected Special Schools, Delhi NCR

Sample- Parent's of children (5 to 12 Years) with Intellectual Developmental Disability**.**

Sampling Technique- Purposive Sampling

Inclusion Criteria

1. Parents of Mild and Moderate Intellectual Developmental Disability children.
2. Parents who are willing to participate.
3. Parents who will be available at the time of data collection.
4. Parents who know English/Hindi.

Exclusion Criteria

1. The parents who didn't complete the entire program.
2. Parents who are previously exposed to parent training program.
3. Children's who are not having the parents.

Data Analysis

Descriptive and inferential statistics

Delimitations

The study will be limited to:

1. The selected Special Schools of Delhi..
2. The Parents available at the time of data collection.

Assessment Instrument

1. Vineland Adaptive Behavior Skill (VABS)
2. Structured Parenting Skill questionnaire
3. Structured Parental Self-efficacy Scale
4. Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Data Collection Procedure-

PHASE I- Development of Parenting Skill Program

PHASE II -Implementation of Parenting Skill Program

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